FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

07.11.074		
Name of Offering(check if this is an amendment a Series A-1 Preferred Stock Financing	nd name has changed, and indicate change.)	SES Mail Process PAPOCESS
Filing Under (Check box(es) that apply): Rule Type of Filing: New Filing Amendment	504 Rule 505 Rule 506 Section 4(6)	_ NOOL
	A. BASIC IDENTIFICATION DATA	TILORACONI DI
1. Enter the information requested about the issuer		Washington, DC
Name of Issuer (check if this is an amendment a Vascular Closure Systems, Inc.	nd name has changed, and indicate change.)	103
Address of Executive Offices 1787 Verdite Street, Livermore, CA 94550	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 415-794-8420
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	partnership, already formed other (p	lease spec 08080813
Actual or Estimated Date of Incorporation or Organiza Jurisdiction of Incorporation or Organization: (Enter CN f		
GENERAL INSTRUCTIONS		
Federal:		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer □ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Houser, Russell A. Business or Residence Address (Number and Street, City, State, Zip Code) 1787 Verdite Street, Livermore, CA 94550 □ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Binion, Cuyler H. Business or Residence Address (Number and Street, City, State, Zip Code) 400 Beale Street #2507, San Francisco, CA 94105 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) CardioVascular Technologies, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 1787 Verdite Street, Livermore, CA -94550 Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Hare, William D. Business or Residence Address (Number and Street, City, State, Zip Code) 3 Anderson Lane, Princeton, NJ 08540 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Trent E. Tucker, L.L.C. and Affiliates Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Arthur E. Tucker, 3404 East 94th Street, Tulsa, OK 74137 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Fine, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 13126 So. Yorktown, Bixby, OK 74008 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	•		•		B. IN	FORMAT	ION ABOU	JT OFFER	ING				
												Yes	No
1.	Has the	e issuer solo	l, or does the	issuer inte	nd to sell, t	o non-accre	dited invest	ors in this o	ffering?				\boxtimes
	Answer also in Appendix, Column 2, if filing under ULOE.												
2 .	2. What is the minimum investment that will be accepted from any individual?							\$ <u>N/A</u>					
_	_											Yes ⊠	No
3. 4.			permit joint tion request										Ш
7.	commi	ission or sin	nilar remune	ration for s	olicitation o	of purchaser	s in connec	tion with sa	les of secui	ities in the	offering.		
			sted is an as ame of the b										
			you may se							•			
Full N/A		(Last name	first, if indiv	idual)									
		Residence	Address (Nu	mber and S	street, City,	State, Zip C	Code)	_					
			<u> </u>										····
Nan	ne of As	ssociated Br	oker or Dea	ler									
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	• •					_
	(Ch	eck "All Sta	tes" or check	c individuai	States)							🗆 A	All States
	AL	AK	ΑZ	AR	CA	CO	СТ	DE	DC	FL	βA	HI	ID
		[N]	ĪA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	νV	ИН	נא	NM	NY	NC	ND	ОН	Бк	OR	PA
	RI	SC	\$D \	[TN]	TX	[UT]	VT	VA	WA	[wv	WI	WY	PR
	ш	لـــا				[61]	<u> </u>	(VA)	WA	[W W	[** 1]	WI	PR
Full	Name ((Last name	first, if indiv	ridual)									
Bus	iness or	Residence	Address (Nu	imber and S	Street, City,	State, Zip (Code)			•			
Nan	ne of As	ssociated Br	oker or Dea	ler					,				
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
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	IL	[N]	IA	KS	KY	LA	ME .	MD	MA	MI	MN	MS	МО
	мт	NE	ΝV	ΝН	ИJ	NM	NY	NC	ND	ОН	БК	OR	PA
	RI	SC	SD	TN	TX	UΤ	VT	VA	WA	wv	WI	WY	PR
Full	l Name	(Last name	first, if indiv	ridual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	ні	Œ
	[IL]	· [N]	<u> </u>	KS	KY		МЕ	MD	MA	MI	MN	MS	мо
	MT	NE	NV	ИН	NJ	NM	NY	NC	ND	ОН	δк	OR	PA
	RI	SC	SD	TN	TX	บา	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero " If the transaction is an exchange offering, check

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$	0	s <u>_</u> 0
	Equity\$		
	Common Preferred		
	Convertible Securities (including warrants)	0	\$ <u>0</u>
	Partnership Interests\$	0	s0
	Other (Specify \$		\$0
	Total\$		\$ 700,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	13	\$ 700,000.00
	Non-accredited Investors	0	s0
	Total (for filings under Rule 504 only)	13	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		s
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	🖂	\$5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		\$
	Total		s 5,000.00

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	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
	b. Enter the difference between the aggreg and total expenses furnished in response to P proceeds to the issuer."	art C - Question 4.a. This difference is the	"adjusted gross	s 695,000.00
5.	Indicate below the amount of the adjusted geach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	it for any purpose is not known, furnish a e total of the payments listed must equal th	an estimate and	
			Payments to)
			Officers,	
			Directors, &	•
			Affiliates	Others
	Salaries and fees		s	🗆 \$
	Purchase of real estate		ss	🗆 s
	Purchase, rental or leasing and installation			
	and equipment	•		🗆 s
	Construction or leasing of plant buildings	and facilities	s	
	Acquisition of other businesses (including	the value of securities involved in this		
	offering that may be used in exchange for	the assets or securities of another	_	_
	issuer pursuant to a merger)		🔲 \$	🛚 s
	Repayment of indebtedness		s	🗆 \$
	Working capital			<u> </u>
	Other (specify):			
				_
			LJ \$	
	Column Totals		s	⊠ s <u>695,000.00</u>
	Total Payments Listed (column totals adde	🔯 s	695,000.00	
<u> </u>		D. FEDERAL SIGNATURE		
т.	e issuer has duly caused this notice to be sign	ad but the undergioned duly outbooked non-	on If this poting in filed under	Dul- 505 Ab- 5-11
sig	nature constitutes an undertaking by the issuinformation furnished by the issuer to any n	er to furnish to the U.S. Securities and Exc	change Commission, upon writ	
İss	uer (Print or Type)	S/gnature /	Date	
Va	scular Closure Systems, Inc.	Cashy	September 16	, 2008
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
J. (Casey McGlynn	Secretary		

END

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)